In re	Robert C Boncore, Jr. Lillian M Boncore	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:		☐ The presumption arises.
	(If known)	■ The presumption does not arise.
		\square The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.

		Part II. CALCULATION OF M	ON	THLY INCO	ME F	OR § 707(b)(7) E	EXCLUSION		
		tal/filing status. Check the box that applies a		-		-	mer	nt as directed.		
	a. 🗆	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.								
		Married, not filing jointly, with declaration								
		My spouse and I are legally separated under								
2		ourpose of evading the requirements of § 7076 or Lines 3-11.	(b)(2	2)(A) of the Bankru	iptcy Co	ode." Complete or	nly	column A ("Del	bto	r's Income'')
		Married, not filing jointly, without the decla	ratio	on of separate hous	eholds	set out in Line 2.b	ab	ove. Complete b	oth	Column A
		"Debtor's Income") and Column B ("Spou						•		
		Married, filing jointly. Complete both Colu					Spo	use's Income'')	for	Lines 3-11.
		gures must reflect average monthly income re						Column A		Column B
		dar months prior to filing the bankruptcy case						Debtor's		Spouse's
		ing. If the amount of monthly income varied onth total by six, and enter the result on the a			you iii	ust divide the		Income		Income
3							Ф	0.00	Ф	700.00
3		s wages, salary, tips, bonuses, overtime, con			T : 1-	£ I :	\$	0.00	\$	708.00
		ne from the operation of a business, profess the difference in the appropriate column(s) of								
		ess, profession or farm, enter aggregate numb								
		nter a number less than zero. Do not include								
4		b as a deduction in Part V.		•	•					
				Debtor		Spouse				
	a.	Gross receipts	\$	0.00		0.00				
	b.	Ordinary and necessary business expenses	\$	0.00		0.00				
	c.	Business income		btract Line b from			\$	0.00	\$	0.00
		and other real property income. Subtract L								
		oppropriate column(s) of Line 5. Do not enter				ot include any				
5	part (of the operating expenses entered on Line b	as		τν.	C				
5		Cross receipts	\$	Debtor 0.00	¢	Spouse 0.00				
	a. b.	Gross receipts Ordinary and necessary operating expenses	\$	0.00		0.00				
	c.	Rent and other real property income		btract Line b from		0.00	\$	0.00	\$	0.00
6	J.	est, dividends, and royalties.					\$	0.00		0.00
7		on and retirement income.					\$	0.00	\$	0.00
		amounts paid by another person or entity, o								
8		ases of the debtor or the debtor's dependent ose. Do not include alimony or separate main								
Ü										
	spouse if Column B is completed. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.					\$	0.00	\$	0.00	
	Unen	ployment compensation. Enter the amount i	n th	e appropriate colui	nn(s) of	f Line 9.				
	However, if you contend that unemployment compensation received by you or your spouse was a									
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A					on in Column A				
	or B,	but instead state the amount in the space belo	w:							
		mployment compensation claimed to	o	0.00 Sp	¢	0.00				
	be a	benefit under the Social Security Act Debto	ГЪ	0.00 Sp	buse \$	0.00	\$	0.00	\$	0.00
		ne from all other sources. Specify source and								
		eparate page. Do not include alimony or sep								
		te if Column B is completed, but include all tenance. Do not include any benefits received								
		yed as a victim of a war crime, crime against h								
10		stic terrorism.		anity, or us a victin	. 01 11110	Januaronar or				
				Debtor		Spouse				
	a.		\$		\$					
	b.		\$		\$					
		and enter on Line 10					\$	0.00	\$	0.00
11		otal of Current Monthly Income for § 707(t					ø	0.00	ø	700.00
	Colur	nn B is completed, add Lines 3 through 10 in	Col	umn B. Enter the	total(s).	•	\$	0.00	ф	708.00

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		708.00	
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION			
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	8,496.00	
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)			
	a. Enter debtor's state of residence: NY b. Enter debtor's household size: 2	\$	59,631.00	
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	•		
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.			
	☐ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement	ıt.		

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

	Part IV. CALCULA	TION OF CURRI	ENT MONTHLY	INCOME FOR §	707(b)(2)
16	6 Enter the amount from Line 12.			\$	
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. A					the nd the You did
	Total and enter on Line 17				\$
18	Current monthly income for § 707	(b)(2). Subtract Line 1'	7 from Line 16 and ente	er the result.	\$
	Part V. Ca	ALCULATION OF	DEDUCTIONS I	FROM INCOME	
	Subpart A: Dec	uctions under Stand	ards of the Internal	Revenue Service (I	(RS)
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable number of persons. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) The applicable number of persons is the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				available
19B	National Standards: health care. Out-of-Pocket Health Care for person out-of-Pocket Health Care for person www.usdoj.gov/ust/ or from the cle who are under 65 years of age, and older. (The applicable number of person be allowed as exemptions on your fryou support.) Multiply Line a1 by I Line c1. Multiply Line a2 by Line bc2. Add Lines c1 and c2 to obtain a Persons under 65 year a1. Allowance per person	persons f age or urrently s whom sult in			
	b1. Number of persons	a2.	Allowance per per Number of person		
	c1. Subtotal	c2.	Subtotal		\$
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				nsists of	

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy or the number that would currently be allowed as exemptions on your fee any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero. a. IRS Housing and Utilities Standards; mortgage/rental expense b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 42				
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 20A and 20B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
	Local Standards: transportation; vehicle operation/public transportation	rtation expense.			
	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	f whether you pay the expenses of operating a			
22A	Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are			
	□ 0 □ 1 □ 2 or more. If you checked 0, enter on Line 22A the "Public Transportation" amounts and the second of t	unt from IRS Local Standards:			
	Transportation. If you checked 1 or 2 or more, enter on Line 22A the '	'Operating Costs" amount from IRS Local			
	Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at www.usdoj.gov/ust/ of the control of t	\$			
22B	Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy				
	court.) Local Standards: transportation ownership/lease expense; Vehicle	1 Check the number of vahioles for which	\$		
	you claim an ownership/lease expense. (You may not claim an owners vehicles.)				
	□ 1 □ 2 or more.	IDC I and Chandards Transmentation			
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of	court); enter in Line b the total of the Average			
	Monthly Payments for any debts secured by Vehicle 1, as stated in Lir the result in Line 23. Do not enter an amount less than zero.	ne 42; subtract Line b from Line a and enter			
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle b. 1, as stated in Line 42	\$			
	b. 1, as stated in Line 42 c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23.	2. Complete this Line only if you checked			
	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of				
24	Monthly Payments for any debts secured by Vehicle 2, as stated in Lir the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs	\$			
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social					
security taxes, and Medicare taxes. Do not include real estate or sales taxes.					

26	Other Necessary Expenses: involuntary deductions for endeductions that are required for your employment, such as r Do not include discretionary amounts, such as voluntary	etirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total aveing life insurance for yourself. Do not include premiums for in any other form of insurance.	\$		
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			
29	Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			
30	Other Necessary Expenses: childcare. Enter the total aver childcare - such as baby-sitting, day care, nursery and presch		\$	
31	Other Necessary Expenses: health care. Enter the total aver health care that is required for the health and welfare of you insurance or paid by a health savings account, and that is in include payments for health insurance or health savings	rself or your dependents, that is not reimbursed by excess of the amount entered in Line 19B. Do not	\$	
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter the	total of Lines 19 through 32.	\$	
	-			
34				
	a. Health Insurance S b. Disability Insurance S			
	c. Health Savings Account		\$	
	Total and enter on Line 34.		Ψ	
	If you do not actually expend this total amount, state your below: \$	r actual total average monthly expenditures in the space		
35	Continued contributions to the care of household or fami expenses that you will continue to pay for the reasonable an ill, or disabled member of your household or member of you expenses.	d necessary care and support of an elderly, chronically	\$	
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$156.25* per child, for attendar school by your dependent children less than 18 years of age documentation of your actual expenses, and you must expenses and not already accounted for in the IRS Standards.	nce at a private or public elementary or secondary . You must provide your case trustee with plain why the amount claimed is reasonable and	\$	

^{*} Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

39	Additional food and clothing expense expenses exceed the combined allowards, not to exceed 5% of those or from the clerk of the bankruptcy correasonable and necessary.	\$			
40		Enter the amount that you will continuous Enter the amount that you will continuous Enter the Enter that You will continuous Enter the Enter that You will be enter that You will be enter that you will continuous Enter the Enter that You will be enter that You will continuous Enter the Enter that You will be enter that You will be enter the Enter that You w		e form of cash or	\$
41	Total Additional Expense Deduction	ns under § 707(b). Enter the total of I	ines 34 through 40		\$
	\$	Subpart C: Deductions for De	bt Payment		
42	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.				
	Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.		\$	□yes □no	
			Total: Add Lines		\$
43	Other payments on secured claims. motor vehicle, or other property neces your deduction 1/60th of any amount payments listed in Line 42, in order to sums in default that must be paid in o the following chart. If necessary, list a Name of Creditor a.	\$			
44		aims. Enter the total amount, divided by claims, for which you were liable at the as those set out in Line 28.			\$
		If you are eligible to file a case under the amount in line b, and enter the res			
45	issued by the Executive Office information is available at we the bankruptcy court.)	hapter 13 plan payment. Istrict as determined under schedules are for United States Trustees. (This www.usdoj.gov/ust/ or from the clerk of the expense of chapter 13 case	\$ x Total: Multiply Line	es a and b	\$
46	Total Deductions for Debt Payment	Enter the total of Lines 42 through 45	j.		\$
	S	Subpart D: Total Deductions f	rom Income		
47	Total of all deductions allowed und	er § 707(b)(2). Enter the total of Lines	33, 41, and 46.		\$
	Part VI. D	ETERMINATION OF § 707(b)(2) PRESUMP	ΓΙΟΝ	
48	Enter the amount from Line 18 (Cu	rrent monthly income for § 707(b)(2)))		\$
49	Enter the amount from Line 47 (To	tal of all deductions allowed under §	707(b)(2))		\$
50	Monthly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 and enter the resu	ılt.	\$
51	60-month disposable income under result.	\$			

	Initial presumption determination. Check the applicable box and proceed as directed. ☐ The amount on Line 51 is less than \$7,475*. Check the box for "The presumption does not arise" at the top of page 1 of this					
52	statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$12,475* Check the box for "The presumption arises" at the top of statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remaind					
	☐ The amount on Line 51 is at least \$7,475*, but not more than \$12,475*. Complete the remainder of Part VI (Li	ines 53 through 55).				
53	Enter the amount of your total non-priority unsecured debt	\$				
54	Threshold debt payment amount. Multiply the amount in Line 53 by the number 0.25 and enter the result.	\$				
	Secondary presumption determination. Check the applicable box and proceed as directed.					
55	☐ The amount on Line 51 is less than the amount on Line 54. Check the box for "The presumption does not arise of this statement, and complete the verification in Part VIII.	e" at the top of page 1				
	☐ The amount on Line 51 is equal to or greater than the amount on Line 54. Check the box for "The presumption arises" at the top of page 1 of this statement, and complete the verification in Part VIII. You may also complete Part VII.					
	Part VII. ADDITIONAL EXPENSE CLAIMS					
56	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.					
	Expense Description Monthly Amoun	nt				
	a. \$					
	b. \$					
	c. \$					
	d. \$	_				
	Total: Add Lines a, b, c, and d \$					
	Part VIII. VERIFICATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint must sign.)	t case, both debtors				
	Date: February 23, 2014 Signature: /s/ Robert C Boncore, Jr.					
57	Robert C Boncore, Jr. (Debtor)					
	Date: February 23, 2014 Signature /s/ Lillian M Boncore					
	Lillian M Boncore (Joint Debtor, if an	y)				

^{*} Amounts are subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.